

**FILE COPY**

500.36161CX1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: SAMESHIMA, et al  
Serial No.: 09/459,342  
Filed: December 13, 1999  
For: METHOD AND APPARATUS FOR INTEGRATING  
DISTRIBUTED INFORMATION  
Group: 2702

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**REQUEST FOR CORRECTED FILING RECEIPT**

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Washington, D.C. 20231

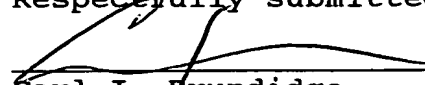
March 31, 2000

Sir:

Attached hereto is the Official Filing Receipt for the above-identified application, wherein it is noted that the names and addresses of two inventors have been omitted.

Accordingly, it is respectfully requested that a corrected filing receipt be issued indicating the other two inventors to read as --KATSUMI KAWANO, KAWASAKI-SHI, JAPAN, and HIROSHI WATAYA, IBARAKI-KEN, JAPAN--.

Respectfully submitted,

  
\_\_\_\_\_  
Carl I. Brundidge  
Registration No. 29,621  
ANTONELLI, TERRY, STOUT & KRAUS, LLP

CIB/lcb  
(703) 312-6600

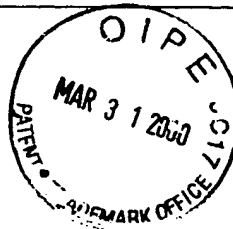


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020457

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)** SHIGETOSHI SAMESHIMA, KAWASAKI-SHI, JAPAN.

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CON OF 09/048,989 03/27/98

FOREIGN APPLICATIONS- JAPAN

9-075529 ✓

03/27/97

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/19/00

TITLE

## METHOD AND APPARATUS FOR INTEGRATING DISTRIBUTED INFORMATION ✓

PRELIMINARY CLASS: 707

DATA ENTRY BY: CHADWICK, YOLANDA      TEAM: 04   DATE: 01/19/00

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52

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The title may be truncated if it consists of more than 4 lines of 70 characters each (letters and spaces combined).

The inventor information may be truncated if the family name consists of more than 25 characters (letters and spaces combined) and if the given name consists of more than 25 characters (letters and spaces combined). The inventor's residence allows for up to 40 characters (letters and spaces combined).

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Bib Data Sheet



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# FILE COPY

<b>SERIAL NUMBER</b> 09/459,342	<b>FILING DATE</b> 12/13/1999 <b>RULE</b> -	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2782	<b>ATTORNEY DOCKET NO.</b> 566.36161CX1	
<b>APPLICANTS</b> SHIGETOSHI SAMESHIMA, KAWASAKI-SHI, JAPAN; KATSUMI KAWANO, KAWASAKI-SHI, JAPAN; HIROSHI WATAYA, IBARAKI-KEN, JAPAN;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/048,989 03/27/1998 PAT 6,038,564					
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 9-075529 03/27/1997					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> ** <b>GRANTED ** 01/19/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met    Allowance Verified and    _____ Acknowledged    Examiner's Signature    Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 20457					
<b>TITLE</b> METHOD AND APPARATUS FOR INTEGRATING DISTRIBUTED INFORMATION					
<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		